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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known

Application Number	10/023,584
Filing Date	December 21, 2001
First Named Inventor	Craig A. Rosen
Examiner Name	Not Yet Assigned
Group Art Unit	1647
Attorney Docket No.	PF112P1D2

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input type="checkbox"/> Deposit Account					
Deposit Account Number	08-3425				
Deposit Account Name	Human Genome Sciences, Inc.				
The Commissioner is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments				
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1) (\$ 0.00)					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent Claims	-3** =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Multiple Dependent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$ 0.00)					
*or number previously paid, if greater; For Reissues, see above					
Complete if applicable					
SUBMITTED BY					
Name (Print/Type)	Michele M. Wales				
Signature	<i>Michele M. Wales</i>				
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Date	April 18, 2002				

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